

Abate for Congress Committee

P.O. Box 65

Glen Rock, NJ 07452-0065

Date: June 1, 2007

To: FEC

FAX: 202-219-0174

From: Deborah Porth, Treasurer

No. of pages 2 including cover.

RE: FEC Form 2 - Camille M. Abate

Message:

I am mailing the attached form today to your 999 E Street address. Per FEC instructions, and my telephone conversation today with Molly, FEC Analyst, I also need to fax this form to you even though line 9 has a zero amount. Molly also told me that Form 2 needed to be faxed to any other opponents in the same party (i.e. Democrats). I spoke with Erica in the Public Records department and she shows no other Democratic candidate at this time for the 5th district in NJ. Therefore, I am only faxing this form to you.

If the information I received from the FEC employees mentioned above is inaccurate, please either call me on my cell phone (201-788-7448) or send us a return correspondence to the above address.

*sent
Deborah Porth*

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <u>Camille M. Abate</u>			2. Identification Number	
(b) Address (number and street) <u>77 Greenway Road</u>			<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code <u>Glen Rock, NJ 07450</u>			3. Is This Statement <input checked="" type="checkbox"/> New (N) OR Amended (A)	
4. Party Affiliation <u>Democrat</u>	5. Office Sought <u>House of Rep.</u>	6. State & District of Candidate <u>NJ 5th</u>		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2008 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) <u>Abate for Congress Committee</u>	
(b) Address (number and street) <u>77 Greenway Road</u>	
(c) City, State, and ZIP Code <u>Glen Rock, NJ 07452</u>	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)
(b) Address (number and street)
(c) City, State, and ZIP Code

DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A 0 for the primary election, and

9B 0 for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate <u>Camille M. Abate</u>	Date <u>5/26/07</u>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FEC FORM 2 (REV. 02/2003)

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.

N/A
 PREPARER

N/A
 DATE PREPARED